	APOLLO HOSPITALS, SECUNDERABAD	ROM – 06a
		Issue: C
	QUALITY MANAGEMENT SYSTEM ON REPORTING SYSTEM / PROCESS FAILURE	Date: 06-01-2017
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PREPARED BY:  Hospital Administrator		APPROVED BY:  Chief Executive Officer

## 1. PURPOSE

1.1. To define the process to report both internally and externally the system / process failures to ensure continuity of patient care.

## 2. SCOPE

2.1. This Quality System Procedure applies to process failures which affect patient care at Apollo Hospitals.

## 3. DEFINITION


3.1. **PROCESS:** A set of interrelated or interacting activities which transforms inputs into outputs.

## 4. RESPONSIBILITY:

4.1. Chief operating officer is responsible for decision making in handling emergency situations due to system / process failure.

4.2. Medical Administration, Asst Nursing Superintendent and Manager- Operations responsible to collect information on system / process failures and inform to Director Medical Services, take necessary corrective action to address such failures.

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4.3. All HODs / Incharges and staff are responsible to monitor, identify and inform to Administrator/ Dy.M.S./ Nursing Superintendent or Manager - Operations regarding system / process failure.

## 5. PROCEDURE:

### 5.1. INTERNAL:

**Incident Report:** Incident reporting form is used to report system / process failure. The form to be filled by the concerned staff who is involved / identified the incident and submit to concerned HOD for further action.

Administrator/ Dy.M.S./ Nursing Superintendent or Manager - Operations are responsible to analysis the details given in Incident Report form and direct for further necessary action.

#### 5.1.1. **EQUIPMENT BREAKDOWN**


5.1.1.1. In case of any major equipment breakdown in Laboratory, Radiology, OT etc., the concerned technician and HOD / Incharge of the department to inform

5.1.1.2. In-house Bio Medical Engineering department and or the concerned company person and

5.1.1.3. Administrator/ Dy.M.S./ Nursing Superintendent or Manager - Operations

5.1.1.4. Administrator/ Dy.M.S./ Nursing Superintendent or Manager - Operations to take necessary action immediately and inform **patient, patient family, consultant and** concerned departments **of the**

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**hospital either directly or through their subordinates depending on the nature of system failure** in order to ensure continuity of patient care.

5.1.1.5. Eg: Breakdown of MRI - to inform patient, patient family, consultant (Neuro Surgeon / Othropedician), In-Patient Services, OP, Billing, Radiologist, Causality, ICUs etc., and to AH-JHILLS and AH-SEC, so that they will be prepared to receive cases from AH-HYD.

5.1.1.6. Administrator/ Dy.M.S./ Nursing Superintendent or Manager - Operations to call concerned department and to send SMS to ensure faster communication

## **5.2. EXTERNAL**

5.2.1. Administrator/ Dy.M.S./ Nursing Superintendent or Manager - Operations are responsible to intimate concerned regulatory / statutory authorities in case of any system / process failure. Example:

5.2.1.1. Bio Medical Waste not carried from Hospital beyond 48 hours by authorized company (to inform APPCB).

5.2.1.2. Incidence of fire (fire station).

5.2.1.3. Any Contamination identified in drugs (Drug Control General of India)

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